

# **EXHIBIT 1**



# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## CHARGE OF DISCRIMINATION

For Official Use Only - Charge Number:  
**433-2023-02089**

EEOC Form 5A (October 2017)

<b>Personal Information</b>	First Name: <u>Jetta</u> MI: <u>K</u> Last Name: <u>Lewis</u> Address: <u>[REDACTED]</u> Apt.: <u>          </u> City: <u>[REDACTED]</u> County: <u>Wake</u> State: <u>NC</u> Zip Code: <u>[REDACTED]</u> Phone: <u>[REDACTED]</u> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Email: <u>[REDACTED]</u>
<b>Who do you think discriminated against you?</b>	Employer <input checked="" type="checkbox"/> Union <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Organization <input type="checkbox"/> Organization Name: <u>Wake Technical Community College</u> Address: <u>9101 Fayetteville Road</u> Suite: <u>          </u> City: <u>Raleigh</u> State: <u>NC</u> Zip Code: <u>27591</u> Phone: <u>919-866-5000</u>
<b>Why you think you were discriminated against?</b>	Race <input checked="" type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input checked="" type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Genetic Information <input type="checkbox"/> Retaliation <input checked="" type="checkbox"/> Other <input type="checkbox"/> (specify)
<b>What happened to you that you think was discriminatory?</b>	<b>Date of most recent job action you think was discriminatory:</b> <u>08/08/2023</u> <b>Also describe briefly each job action you think was discriminatory and when it happened (estimate).</b> On 8/8, I was abruptly terminated after being approved for FMLA, 7/25/23. This was also following a complaint to HR regarding discrimination. VP Clark stated that it was due to insubordination and performance but did not provide evidence. In my 7 years with the college, I was always in good standing. Performance issues were not addressed during my appraisal on 6/27 and I was not on a PIP.  My FMLA was to begin on 8/10/23 and I was terminated on 8/8/23. This appears to fall in line with FMLA interference, discrimination, and retaliation.
<b>Signature and Verification</b>	I understand this charge will be filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address, phone, or email. I will cooperate fully with them in the processing of my charge in accordance with their procedures.  I understand by signing below that I am filing a charge of employment discrimination with the EEOC. I understand that the EEOC is required by law to give a copy of the charge, which includes my allegations and my name, to the organization named above. I also understand that the EEOC can only investigate charges of job discrimination based on race, color, religion, sex, national origin, age, disability, genetic information, or based on retaliation for filing a charge of job discrimination, participating in an investigation of a job discrimination complaint, or opposing job discrimination.  <b>I declare under penalty of perjury that the above is true and correct.</b> Signature: <u>[REDACTED]</u> Date: <u>7/25/23</u>